

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003321

FILED
Feb 26, 2004
Secretary of State

Entity Name: BOILER INSPECTION SERVICES, LLC

Current Principal Place of Business:

6278 N. FEDERAL HIGHWAY, SUITE 411
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

630-B KINGSLEY AVE
ORANGE PARK, FL 32073

Current Mailing Address:

6278 N. FEDERAL HIGHWAY, SUITE 411
FORT LAUDERDALE, FL 33308

New Mailing Address:

630-B KINGSLEY AVE
ORANGE PARK, FL 32073

FEI Number: 65-1084483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEWITT, JOHN W
10625 N. MILITARY TRAIL, SUITE 208
PALM BEACH GARDENS, FL 334106552 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CASTIGLIONE, PETER J
Address: 1592 SANDY SPRINGS DR
City-St-Zip: ORANGE PARK, FL 32003

Title: MGRM () Delete
Name: MITCHELL, JOHN
Address: 6278 N FEDERAL HIGHWAY
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MITCHELL, JOHN
Address: 630-B KINGSLEY AVE
City-St-Zip: ORANGE PARK, FL 32073

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN MITCHELL

MGRM

02/26/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date